

**RESPONSE
TO PETITION TO MODIFY
CHILD SUPPORT 15% OR MORE
(SIMPLIFIED PROCESS)**

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**Part 3: RESPONSE / OBJECTION
& PETITION FOR HEARING
(Forms Packet)**



SELF-SERVICE CENTER

TO MODIFY/CHANGE A COURT ORDER FOR CHILD SUPPORT (Simplified Process)

PART 3: OBJECTION AND PETITION FOR A COURT HEARING (Forms Only)

This packet contains court forms to file an ***“Objection/Response to a Petition to Modify a Court Order for Child Support --Simplified Process.”*** Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRMSS3ft	Table of instructions in this packet	1
2	DRMSS3k	Checklist: You may use these forms if . . .	1
3	DRMSS31f	<i>“Petition for Hearing”</i>	1
4	DRS12f	<i>“Parent’s Worksheet”</i>	2
5	DRS81f	<i>“Child Support Order”</i>	4
6	DRS82f	<i>“Order of Assignment”</i>	1
7	DRS88f	<i>“Current Employer Information Sheet”</i>	1

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

SELF-SERVICE CENTER
RESPONSE TO PETITION
TO MODIFY CHILD SUPPORT ORDER
(Simplified Process)

CHECKLIST

USE THE FORMS and instructions in this packet **ONLY** if the following factors apply to your situation:

- ✓ The other party filed a ***“Petition to Modify Child Support” (Simplified Procedure),*** **AND**
- ✓ You disagree with that request; **AND**
- ✓ You want a court hearing to explain why the other party's request should not be granted, **OR**
- ✓ You want a court hearing to explain why the other party's request should not be granted **AND** why the child support should be changed to an entirely different amount.

READ ME: Before filing documents with the Court, consult a **lawyer** to help guard against undesired and unexpected consequences. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or from our web site at: <http://www.superiorcourt.maricopa.gov/ssc/provider/lawyers.asp>

1) Person Filing: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime / Evening Phone: _____ / _____
 Person Filing Document is: ☐ Self or Attorney for ☐ Plaintiff ☐ Respondent
 (If Attorney) State Bar No.: _____ Atty. Phone: _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

 (2) Name of Petitioner (in original case)

Case Number: _____ (3)

ATLAS Number: _____ (3)

 (2) Name of Respondent (in original case)

**PETITION FOR HEARING
 (Simplified Procedure)**

A Petition to Modify (change) Child support pursuant to the guidelines' simplified procedure has been filed.

The information provided on the **"Parent's Worksheet"** that was the basis for the request to modify (change) child support is not accurate. I am attaching the required completed **"Parent's Worksheet"** that shows what I believe to be accurate information. I request that a hearing be set so that I can explain to the judge or commissioner my position. I further request that costs and fees incurred in responding to this matter be ordered to be paid by the other party.

(4) ☐ **COUNTER PETITION – I further request the child support be modified to an amount different from the amount requested by the other party.**

(5) Dated: _____ Requesting Party's Signature _____

Signed and sworn to or affirmed before me this date: _____ by: _____

 Notary Public

My commission expires: _____ OR By: _____
 Deputy Clerk of Superior Court

1. Upon filing the Request for Hearing, the filing party must immediately mail or otherwise deliver a copy of this Request to the other party or his/her attorney. If either party is currently using or has used the State IV-D Agency for child support services (Division of Child Support Enforcement or their representative), the State must also be mailed or provided with a copy of the Request, which can be mailed to:

**Attorney General, Child Support Enforcement
 P. O. Box 6123, Site Code 775 C
 Phoenix, Arizona 850052**

2. If a hearing or conference is scheduled, the court may enter a judgment for past-due support, clerk's fees, service costs, other court costs, and/or attorney fees.

(1) Name of Person Filing : _____
 Phone Number(s): _____ / _____
 In this case I am ☐ Petitioner or ☐ Respondent Or ☐ represented by Attorney
 (IF) Attorney, Name: _____ Bar No.: _____
 Atty. Email: _____ Atty. Phone: _____

**SUPERIOR COURT OF ARIZONA
 IN MARICOPA(2) COUNTY**

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner _____ (4) Case No. _____

(3) Respondent _____ (4) ATLAS _____

(5) Total Number of Children: _____

(6) Parent with Primary Custody: Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

- ☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.
☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.
☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 4e).

	FATHER		MOTHER
Gross Income (Pre-Tax Income. Before deductions.)	\$ _____	(9)	\$ _____
Spousal Maintenance Paid	\$ -	(10)	\$ -
Spousal Maintenance Received	\$ +	(11)	\$ +
Child Support Paid/Contributed	\$ -	(12)	\$ -
Support of Other Children Paid	\$ -	(13)	\$ -
Adjusted Gross Income	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)	\$	_____
Basic Child Support Obligation	(16)	\$	_____
Plus Costs for:			
Medical/Dental/Vision Insurance	\$ _____	(17)	\$ _____
Childcare	\$ _____	(18)	\$ _____
Education Expenses	\$ _____	(19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____	(20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21)	\$	_____
Total Adjustments for Costs	(22)		_____
Total Child Support Obligation	(23)	\$	_____

	FATHER		MOTHER	
Each Parent's % of Combined Income	_____	%	(24)	_____ %
Each Parent's Share of Tot. Support Obligation	\$ _____		(25)	\$ _____

Adjustment for Non Custodial Parent's Costs Associated with Parenting TimeUsing Table A ☐ Table B ☐ (26)

No. of Days _____ = _____% Adjustment (from table)

x Line (16) \$ _____ (Basic Child Support Obligation) \$ _____ (27) \$ _____

Less Noncustodial Parent's Costs for:

Medical/Dental/Vision Insurance* \$ _____ (28) \$ _____

Childcare* \$ _____ (29) \$ _____

Education Expenses* \$ _____ (30) \$ _____

Extraordinary/Special Needs Child Expenses* \$ _____ (31) \$ _____

*Subtract here ONLY if ADDED-IN items 17-20 above

Adjustments Subtotal \$ _____ (32) \$ _____

Preliminary Child Support Amount \$ _____ (33) \$ _____

Self Support Reserve Test for Parent Who Will Pay

Amount from Line (14) (Adj. Gross Inc.)

Minus Reserve Amount - \$775

Total = \$ _____ (34) \$ _____

Child Support to be Paid by: Father ☐ Mother ☐ \$ _____ (35) \$ _____

Share of Travel Expenses Related to Parenting Time* _____ % (36) _____ %

*Only for expenses related to travel over 100 miles, one way.

Share of Medical/Dental/Vision Costs Not Paid by Insurance _____ % (37) _____ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date_____
Signature of Parent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Petitioner

Case No. _____

Date of Birth (Month, Date, Year)

ATLAS No. _____

Respondent

CHILD SUPPORT ORDER

A.R.S. § 25-503

Date of Birth (Month, Date, Year)

THE COURT FINDS THAT:

1. Mother: _____ and

Father: _____

owe a duty to support the following children:

Child(ren)'s Name(s)

Date of Birth

DO NOT WRITE BELOW THIS LINE. THE COURT PERSONNEL WILL COMPLETE THE FORM.

2. The required financial factors and any discretionary adjustments pursuant to the Arizona Child Support Guidelines are as set forth in the Parent's Worksheet for Child Support Amount, attached and incorporated by reference.

3. ☐ **Mother** ☐ **Father** is obligated to pay support to: _____

In the amount of: \$ _____ Per Month

4. Deviation (only in applicable cases)

☐ Application of the Arizona Child Support Guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child(ren) in determining that a deviation is appropriate.

The child support amount before deviation is: \$ _____

The child support amount after deviation is: \$ _____

☐ The Court finds the guidelines amount is inappropriate or unjust because:

☐ Attached written agreement incorporated

☐ Other Reasons for Deviation from Guideline Amount:

Arrears

Child support arrears exist in the amount of: \$ _____

For the period of: _____ to _____

Past Care and Support

A judgment for past care and support should be entered in the amount of: \$ _____

For the period of: _____ to _____

IT IS ORDERED THAT:

1. ☐ Mother ☐ Father shall pay child support in the amount of: \$ _____

Per Month, to: _____

First payment is due on the 1st day of: _____

2. ☐ Mother ☐ Father owes child support arrears in the amount of: \$ _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____

and against: _____

In the principal amount of: \$ _____

Case No. _____

☐ **Mother** ☐ **Father** shall pay \$ _____ Per Month toward child support arrears until paid in full.

3. ☐ **Mother** ☐ **Father** owes past care and support in the amount of: \$ _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____

and against: _____

In the principal amount of: \$ _____

☐ **Mother** ☐ **Father** shall pay \$ _____ Per Month toward the past care and support amount until paid in full.

4. All payments shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment signed this date. Any time the full amount of support ordered is not withheld, the person obligated to pay (the obligor) remains responsible for the full monthly amount ordered. Payments not made directly through the Support Payment Clearinghouse shall be considered *gifts* unless otherwise ordered. All payments shall be made payable to and mailed directly to:

Support Payment Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107

Payments must include the payor's name, ATLAS number, and Social Security Number.

5. Pursuant to A.R.S. § 25-322, the parties shall submit current address information in writing to the Clerk of the Superior Court and the Support Clearinghouse immediately. The payor shall within 10 days, submit the names and addresses of employers or other persons or organizations from which he or she is entitled to receive payment.

6. The parties shall submit address changes within 10 days of the change.

7. MEDICAL, DENTAL, VISION CARE INSURANCE FOR MINOR CHILDREN

☐ **Mother** is responsible for providing ☐ medical ☐ dental ☐ vision care insurance.

☐ **Father** is responsible for providing ☐ medical ☐ dental ☐ vision care insurance.

8. The costs of medical/dental/vision care expenses not paid by insurance shall be shared as follows: **Mother** _____ % **Father** _____%.

Request for payment or reimbursement must be provided to the obligated parent(s) within 180 days after the services occurred. The obligated parent must pay or make payment arrangements within 45 days after receipt of the request.

Case No. _____

9. The costs of travel related to parenting time over 100 miles one way shall be shared as follows: **Mother** _____ % **Father** _____ %
10. The parties shall exchange financial information such as copies of tax returns, earnings statements, a Parent's Worksheet for Child Support Amount, residential addresses and the names and addresses of their employers every 24 months.
11. The court allocates the federal tax exemption(s) for the dependent child(ren) as follows:

Child's Name	Date of Birth	Parent Entitled to Deduction	For Calendar
	(Month, Day, Year)		Year
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

Each year, the person obligated to make payments (the obligor) may claim these exemptions only if the obligor has paid all child support and arrears ordered for the year by December 31 of that year.

IMPORTANT INFORMATION:

If this is a modification of child support, all other prior orders of this Court not modified remain in full force and effect.

Pursuant to Arizona Revised Statutes § 25-503(I), the right to get a judgment for unpaid child support ends three years after all children included in the Child Support Order have emancipated. To collect the unpaid support, the person owed child support must file a court action to obtain a written judgment for the unpaid amount before the end of the three-year period. (Limited exceptions exist and are found in A.R.S. § 25-320(B).

Although the obligation to pay support may continue, a child is emancipated:

On the date of the child's marriage
On the child's 18th birthday
When the child is adopted
When the child dies

Date

Judicial Officer

THE SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(1) _____)
 Petitioner)
 vs.)
 (2) _____)
 Respondent)

(3) Case Number: _____

(4) ATLAS Number: _____

ORDER OF ASSIGNMENT

TO: Current and future employers or other payors of:

(5) Name: _____ SSN: _____

This order modifies and replaces any previous "Order of Assignment" with the same case number. You shall withhold court-ordered payments as follows:

Current Child Support	\$ _____
Current Spousal Maintenance/Support	\$ _____
Payments on Arrears / Interest	\$ _____
Clearinghouse Handling Fee	\$ _____ 2.25 per month*
TOTAL AMOUNT per month	\$ _____, but no more than

50% of disposable earnings (A.R.S. § 33-1131). *The Clearinghouse handling fee is set by statute and subject to change (A.R.S. § 25-510).

This **"Order of Assignment"** is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of 90 continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by **this "Order of Assignment."** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld.

This Order of Assignment terminates on the last day of _____, _____ unless it includes an arrearage payment, in which case the total amount listed above shall continue to be withheld until further order.

You shall NOT discharge or otherwise discipline the person named in this assignment, because of service of this "Order of Assignment."

The above ATLAS number and employee's name **must** appear on the *Transmittal Form or check*. Make payments payable and send to:

Support Payment Clearinghouse, P.O. Box 52107, Phoenix, AZ 85072-2107

Dated this _____ day of _____, 20____.

 Judicial Officer or Clerk of Superior Court

CURRENT EMPLOYER INFORMATION

You may also fill out this form online at the Family Support Center Website at:
<http://www.familysupportcenter.maricopa.gov>

THIS FORM MUST BE COMPLETED FOR:

- ☐ **AN ORDER OF ASSIGNMENT (STAPLE TO THE ORDER OF ASSIGNMENT)**
- ☐ **ORDER TO STOP AN ORDER OF ASSIGNMENT (STAPLE TO THE STOP ORDER)**
- ☐ **NOTIFICATION OF A CHANGE OF EMPLOYER**

CASE NUMBER: _____

ATLAS NUMBER: _____

PAYOR NAME: _____
(PERSON TO MAKE PAYMENTS)

LIST ONLY THE EMPLOYER'S NAME AND PAYROLL ADDRESS WHERE THE ORDER OF ASSIGNMENT OR STOP ORDER SHOULD BE MAILED.

CURRENT EMPLOYER NAME: _____

PAYROLL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMPLOYER TELEPHONE: _____

EMPLOYER FAX: _____

FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE.

WA/FSC

WA/LOG ID:	_____
TYPE OF W/A	_____
DATE	_____
AMOUNT OF ORDER	_____
EMPLOYER STATUS	_____
ENTERED BY	_____
NEW W/A	_____
AG	_____
	SUB _____
	DCSE _____